2011 Pharmacist Membership Form

Pharmacy Association of Nova Scotia

Pharmacist Information

Name: _____

Home Address: _____

_____

City: _____ Province: _____

Postal Code: _____

NSCP Registration #: _____

Telephone: (H) _____

(W) _____

Fax: _____

Year Graduated:_____

Work Name: _____

Work Address: _____

_____

City: _____ Province: _____

Postal Code: _____

DISTRICT:

☐ 1 HRM
☐ 2 Cape Breton
☐ 3 North Shore
☐ 4 Valley/Yarmouth
☐ Outside NS

Email: _____

Membership Type		✓	FEES (HST # 108092438)	
ACTIVE PhC: (Jan. 1 – Dec. 31)	Pharmacists & Certified Dispensers (includes Voting Status & Professional Liability Insurance) Choose this option if you are registering prior to June 1st		PANS Fee includes Dal CPE Levy of $31.25 HST on PANS Fee + Liability Insurance ($2,000,000.00 coverage) = PANS PhC Membership + **Optional** Liability Insurance Coverage **Total**	$270.00 $ 40.50 $150.00 $460.50 $_____ _____
ACTIVE PhC: (June 1– Dec. 31)	Pharmacists & Certified Dispensers (includes Voting Status & Professional Liability Insurance) This option is only available if you are registering on or after June 1st		PANS includes Dal CPE Levy of $31.25 HST on PANS Fee + Liability Insurance ($2,000,000.00 coverage) = PANS PhC Membership + **Optional** Liability Insurance Coverage **Total**	$150.63 $22.59 $150.00 $323.22 $_____ _____

NOTE The Pharmacy Act requires that pharmacists, certified dispensers, students and interns must obtain and maintain professional liability insurance in a amount not less than 2 million dollars through an insurance policy approved by the NSCP Council and that covers **ALL** members of the Nova Scotia College of Pharmacists. Membership in the Pharmacy Association of Nova Scotia will fulfill this licensing requirement as membership in PANS will provide automatic liability insurance coverage.

Signature

I, the undersigned, request annual membership as an **active pharmacist** member in the Pharmacy Association of Nova Scotia:

Signature: _____ Date: _____

Please forward completed Registration Form along with payment to: **Pharmacy Association of Nova Scotia**
170 Cromarty Drive
Suite 225
Dartmouth, NS B3B 0G1
Phone: (902) 422-9583 Fax: (902) 422-2619

OFFICE USE ONLY

Date Approved: _____ Receipt #: _____